Patient Home Medication - Pyxis CII Safe Form

Date Received: _____ Received By: _____

Patient Name: _____

Room #: _____ CSN #: _____ MRN #: _____

Drug Name and Strength: _____

Initial Quantity Received from Patient: _____

Form should be attached to patient home med gray bag

Date	Time	Quantity received/ Quantity returned	Quantity removed	Quantity remaining	Signatures (Technician & Pharmacist)
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Print date and pharmacy employee name below after medication is picked up.

Date Med Picked Up: _____ Pharmacy Employee: _____

(print full name)

Place this completed form in the back of the **Patient Home Medication Notebook**.